

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043126

Entity Name: TWO COUSINS' CAFE', INC.

FILED  
Apr 06, 2004  
Secretary of State

**Current Principal Place of Business:**

63 SANTA ROSA AVENUE  
WESTVILLE, FL 32464

**New Principal Place of Business:**

**Current Mailing Address:**

63 SANTA ROSA AVENUE  
WESTVILLE, FL 32464

**New Mailing Address:**

FEI Number: 59-3599484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARVER, SHARON ALFORD  
677 OAK GROVE ROAD  
WESTVILLE, FL 32464 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARVER, SHARON ALFORD  
Address: 677 OAK GROVE ROAD  
City-St-Zip: WESTVILLE, FL 32464

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON ALFORD CARVER

PRES

04/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date